



Note: Silver 94 health plans are only available to Vermonters with qualifying incomes. To see if you qualify, go to www.VermontHealthConnect.gov and click on "Subsidy Estimator."
This card was designed to be used with Plan Comparison Brochures that contain additional definitions and explanations. To find the Brochures, go to www.VermontHealthConnect.gov and click on "Health Plans."

2016 Silver 94 Plans		Standard Silver 94	Silver 94 HDHP (cannot pair with HSA)		Blue Rewards Silver 94	Vitality Plus Silver 94
			MVP	BCBSVT		
Deductible/Max. Out-of-Pocket		Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family
Deductible (Ded.)	Integrated Ded.?	N	Y - \$500/\$1000	Y - \$500/\$1000	Y - \$0/\$0	Y - \$0/\$0
	Medical Ded.	\$100/\$200	See above	See above	See above	See above
	Waived ¹ for: (see Services below)	Prev, OV, UC, Amb, Den1	Prev	Prev	\$0 Deductible (see above)	\$0 Deductible (see above)
	Prescription (Rx) Ded.	\$0	See above	See above	\$0	\$0
	Waived for:	N/A	Rx Wellness ⁸	Rx Wellness ⁸	N/A	N/A
Max. Out-of-Pocket (MOOP)	Integrated?	N	Y-\$500/\$1000	Y-\$500/\$1000	Y-\$850/\$1,700	N
	Medical	\$500/\$1,000	See above	See above	See above	\$1,800/\$3,600
	Prescription (Rx)	\$200/\$400			\$850/\$1,700	\$450/\$900
Stacked or Aggregate? ⁶		Stacked ⁶	Aggregate ⁶	Aggregate ⁶	Aggregate ⁶	Stacked ⁶
Service Category (Examples)		Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)
Preventive (Prev)		\$0	\$0	\$0	\$0	\$0
Office Visit (OV)	PCP or Mental Health (PCP/MH)	\$5	\$0	\$0	3 visits per person (up to 9 per family) with no cost-share; then deductible applies with co-pay of \$15	\$5
	Specialist ²	\$15	\$0	\$0	\$35	\$10
Urgent Care (UC)		\$35	\$0	\$0	\$35	\$20
Ambulance (Amb)		\$50	\$0	\$0	\$35	\$50
Emergency Room (ER) ³		Ded., then \$75	\$0	\$0	\$250	\$50
Hospital Services ⁴	Inpatient	Ded., then 10%	\$0	\$0	\$0	5%
	Outpatient	Ded., then 10%	\$0	\$0	\$0	varies by service
Prescription (Rx) Drug Coverage		30-day supply	30-day supply	30-day supply	30-day supply	30-day supply
Rx Generic ⁵		\$5	\$0	\$0	\$5	\$5
Rx Preferred Brand ⁵		\$20	\$0	\$0	40%	\$10
Rx Non-Preferred Brand ⁵		30%	\$0	\$0	60%	10%
Additional Benefits						
Wellness Benefits		N/A	N/A	N/A	Up to \$300 in health & wellness rewards	\$1 or \$3 co-pay for VBID Rx, up to \$50 in Wellness Rewards

Footnotes

1 Abbreviations -- Ded: Deductible, Rx: Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, Den1: Pediatric Dental Class 1 Series (as indicated by plan),

2 Specialist co-pay also applies to PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.

3 ER co-pay is waived if admitted.

4 Hospital Services are Inpatient (including surgery, ICU/NICU, maternity, SNF and MH/SA); Outpatient (including ambulatory surgery centers); and Radiology (MRI, CT, PET). This cost-sharing will also include physician and anesthesia costs, as appropriate.

5 Each insurance carrier classifies drugs according to its own formulary. To see if a specific drug qualifies for the Generic or Preferred co-pay, view the formularies at <http://info.healthconnect.vermont.gov/healthplans> or contact BCBSVT (800-247-2583) or MVP (800-TALK-MVP). <http://info.healthconnect.vermont.gov/glossary>.

6 With an aggregate family deductible, your family must meet the family deductible before the plan pays benefits. Some HDHP aggregate family deductibles have an embedded individual maximum out-of-pocket of \$6,850 to prevent one individual from paying the full family maximum out-of-pocket. With a stacked deductible, the plan pays benefits once you meet either your individual deductible or your family deductible.

7 N/A

8 With High Deductible Health Plans (HDHP), you do not have to pay the deductible for Wellness prescriptions. See the BCBSVT and MVP lists of Wellness drugs at <http://info.healthconnect.vermont.gov/healthplans>.

Plan details -- Different plans cover specific drugs and services in different ways. For specifics, contact BCBSVT (800-247-2583) or MVP (800-TALK-MVP).

Updated 10/24/15